

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589910 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/					
6	/		/			
7	6		/			
8	4		/			
9	4		/			
10	4		/			
11	4		/			
12	4		/			
13	1		/			
14	1		/			
15	1		/			
16	1		/			
17	1		/			
18	1		/			
19	1		/			
20	2		/			
21	2		/			
22	/		/			
23	/		/			
24	/		/			
25	/		/			
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37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	2		/			
44	2		/			
45	/		/			
46	/		/			
47	/		/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
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86					/	
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.					35	
TOTAL CLAIMS					40	